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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/086,525	03/04/2002	Matthew J. Sherman	2685/5865 - 2001-0025C

23838  
KENYON & KENYON  
1500 K STREET, N.W., SUITE 700  
WASHINGTON, DC 20005

CONFIRMATION NO. 3847

### FORMALITIES LETTER



\*OC000000008121377\*

Date Mailed: 05/16/2002

### NOTICE TO FILE CORRECTED APPLICATION PAPERS

#### *Filing Date Granted*



This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
  - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);
  - Drawings must be in dark ink (not pencil), except where color drawings or photographs are permitted.

*A copy of this notice **MUST** be returned with the reply.*

*Womene 126-20*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

H

HFB PTO/SB/21 MODIFIED BY AT&T CORP.

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence and marking)</small>		Application Number	10/086525
		Filing Date	03/04/2002
		First Named Inventor	Matthew J Sherman
		Group Art Unit	
		Examiner Name	Not Yet Assigned
Total Number of Pages in this Submission		Attorney Docket Number	2001-0025 P

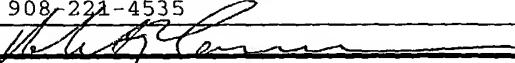
**Enclosures (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Notice to File Corrected Application Papers	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input checked="" type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) <small>(please identify below)</small>
<b>Copy of Notice to File Corrected Application Papers</b>		
Remarks		

**CORRESPONDENCE ADDRESS**

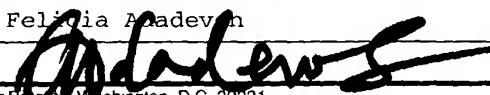
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer Number - 26652	or <input type="checkbox"/> Correspondence address below			
NAME	Samuel H. Dworetzky				
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-221-4535		
SIGNATURE			
		DATE	6/12/02

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 06/13/2002

Type or Printed Name	Felicia Madelov	
Signature		
	Date	06/13/2002

SEND TO: Commissioner for Patents, Washington, D.C. 20231